

□ To Expedite Filing, Add \$50

Physical/Overnight address Mailing Address

PO Box 40234

Corporations & Charities Division Tel: 360.725.0377 www.sos.wa.gov/corps	For Off
□ Initial Registration: \$60 new registration number is issued	Box F
□ Re-Registration: \$60 + late fee(s)	This 1
□ Late Fee: \$50 per year \$	
□ Renewal: \$40	

CHARITABLE ORGANIZATION INITIAL REGISTRATION / RE-REGISTRATION / ANNUAL RENEWAL **RCW 19.09**

All fields requi	red unless otherwise specified		Registration #
ORGANIZAT (1) Organizati	ION INFORMATION on Name:		
(2) Also know	ı as (AKA) Names:		
(3) Federal EI	N/Tax ID Number: (Nine digits) _		
			rofit? (Check one) \square Yes \square No
If Yes, UBI No	. is required: (Nine digits)		
(5) Is the char	table organization a Foreign Co	poration, LLC, or No	onprofit (Outside of WA State)?
(Check one)	l Yes □ No		
If Yes, only the	Jurisdiction State or Country is re	quired below, UBI No	above is optional.
Jurisdiction: _	(State or Cour	atry of formation/incorporati	on)
(6) FEDERAL	TAX EXEMPT STATUS:		
	If filing a renewal and the tax	exempt status has not	changed continue to page 2.
Does the organ	ization have a Federal Tax Exempt	Status: (Check one)	l Yes □ No
If Yes, one sele	ection <u>must</u> be made below. Attach	the organization's mos	st recent IRS determination letter.
(Check one)	□ 115(1) □ 170(c)(1) □ 501(c) (1-27 only)	☐ Group Exemption if group exempt see instructions for additional attachments that are required.
	ion is one of the following, then at exemption reason below.	itomatic exemption app	plies and an IRS Determination letter is not
□ Church/Chu	rch Affiliated Government Bus	ness □ Annual gross re	eceipts normally \$5,000 or less

(7) PURPO	OSE/MISSION OF THE ORGANIZATI	ION:	
(8) ORGA	NIZATION'S CONTACT INFORMAT	TION:	
Organization	n Email:	Organization Phone Number:	
Organization	n Website: (optional)		
	ng or street address located in WA? (Ch		
If Yes, pleas	se provide County:		
	t Address the same as the Mailing Addı ☐ Yes ☐ No	cess? Only if mailing a	ddress is <u>NOT</u> a PO Box or PMB
If Mailing	address is a PO Box or PMB and there the Organ	is <u>no physical add</u> ization Street Add	ress, provide the Zip, City, and State under ress.
	Organization Mailing Address	(Mu	Organization Street Address st be a physical address; No PO Box or PMB)
Address:		Address:	
 Zip:	City:	Zip:	City:
State:	Country:	State:	Country:
(9) Does the	e organization use any other addresses f		
	t of other addresses used <u>must</u> be enclosed		
	sses include if the organization, or a commonic or internet addresses to conduct solic		perating on its behalf, use any other mailing, ton State.

(10) ORGANIZATION'S FINANCIAL INFORMATION: *Please see instructions to properly complete this section
<u>10.A Initial Registration Only</u> : Has the Organization completed a full accounting year? (Check one) \square Yes \square No An "accounting year" is twelve consecutive months in duration; it generally begins on the first day of the first month and ends on the last day of the twelfth month.
If No, only provide the First Accounting Year End Date: (mm/dd/yyyy)
If Yes, complete the solicitation report below by providing the accounting year and financial information.
10. B. Renewal / Re-Registration Only: Has the organization's accounting year changed? (Check one) □ Yes □ No
If Yes, see instructions prior to completing the solicitation report and submitting the renewal.
If No, complete the solicitation report below
SOLICITATION REPORT FOR PRECEDING, COMPLETED ACCOUNTING YEAR
<u>ALL</u> below financial fields must be completed, enter zero if the organization does not have financial information to report for a specific line. <u>Do Not</u> enclose a copy of the IRS Form 990, 990PF, 990EZ or audited financial statements. Actual gross figures are required, rounded to the nearest dollar; net figures or estimates will not be accepted.
Organization's Accounting Year Begin Date Organization's Accounting Year End Date
(mm/dd/yyyy) (mm/dd/yyyy)
1. Beginning Gross Assets: \$
2. Revenue: Gross Contributions from Solicitations: \$
3. Gross Revenue from all other sources: \$
4. Total Dollar Value of Gross Receipts (sum of line 2 and 3): \$
5. Expenses - Gross Expenditures to Program Services: \$
6. Total Gross from All Expenditures (cannot be less than line 5): \$
7. Ending Gross Assets: \$
(11) SOLICITATION COMMENTS: Optional
(12) TYPES OF SOLICITATION: Did the Organization solicit or collect contributions in WA during the accounting year reported? (Check one) □ Yes □ No If Yes, indicate the types of solicitations conducted, at least one is required.
(Check all that apply) □ Advertisement/Coupon Books □ Direct Mail □ Email □ Entertainment/Special Events
□ Internet □ Newspaper/Magazine/Publication □ Personal Contact □ Product Sale □ Telephone □ TV/Radio
□ Vehicle/Boat Donations Written in options are not recorded
(13) Is the Organization registered to solicit/fundraise outside of WA? (Check one) □ Yes □ No
If Yes, list all states:

(14) THREE CURRENT OFFICER(S)/EMPLOYEE(S) RECEIVING THE GREATEST COMPENSATIONS				
Does the organization pay any of its officer(s) or employee(s)? (Check one) □ Yes □ No				
If Yes, this section must be completed.				
Name:				
Name:				
(15) CURRENT PERSON(S) OR O	FFICERS ACCEPTING RESPO	NSIBILITY FOR TH	E ORGANIZATIO	
☐ Check if address and phone number Organization's Mailing Address Inform				
Name:	Title:	Phone:		
Address:	City:	State:	Zip:	
Name:	Title:	Phone:		
Address:				
Additional attachment provided? (C				
	,			
If Yes, attachment must be clearly labe	eled "15 - Current Person(s) Accept	ting Responsibility"		
(16) ORGANIZATION'S FINANCI Person or Business that prepares, revie	AL PREPARER: Required if the S	Solicitation Report on page		
(16) ORGANIZATION'S FINANCE Person or Business that prepares, revie the Solicitation Report Check one and complete the corresp	AL PREPARER: Required if the S ws, or audits financial information, onding section.	Solicitation Report on page, if any, or Person or Bu		
(16) ORGANIZATION'S FINANCE Person or Business that prepares, revie the Solicitation Report Check one and complete the corresp Business - Business's Name:	(AL PREPARER: Required if the Source was, or audits financial information, onding section.	Solicitation Report on page, if any, or Person or Bu	siness that completed	
If Yes, attachment must be clearly laber (16) ORGANIZATION'S FINANCE Person or Business that prepares, reviet the Solicitation Report Check one and complete the corresp Business - Business's Name: Representative's Name:	(AL PREPARER: Required if the Sws, or audits financial information, onding section.	Solicitation Report on page , if any, or Person or Bu	siness that completed	
(16) ORGANIZATION'S FINANCI Person or Business that prepares, revie the Solicitation Report Check one and complete the corresp Business - Business's Name: Representative's Name:	(AL PREPARER: Required if the Sws, or audits financial information, onding section.	Solicitation Report on page , if any, or Person or Bu	siness that completed	
(16) ORGANIZATION'S FINANCE Person or Business that prepares, revie the Solicitation Report Check one and complete the corresp Business - Business's Name: Representative's Name: Address:	AL PREPARER: Required if the S ws, or audits financial information, onding section. City:	Solicitation Report on page , if any, or Person or Bu Title: State:	ziness that completed	
(16) ORGANIZATION'S FINANCE Person or Business that prepares, revie the Solicitation Report Check one and complete the corresp Business - Business's Name:	AL PREPARER: Required if the S ws, or audits financial information, onding section. City:	Solicitation Report on page , if any, or Person or Bu Title: State: Title:	ziness that completed	
(16) ORGANIZATION'S FINANCE Person or Business that prepares, reviethe Solicitation Report Check one and complete the corresp Business - Business's Name: Representative's Name: Address: Individual - Name: Address:	AL PREPARER: Required if the S ws, or audits financial information, onding section. City: City:	Solicitation Report on page , if any, or Person or Bu Title: State: Title:	ziness that completed	
(16) ORGANIZATION'S FINANCE Person or Business that prepares, revie the Solicitation Report Check one and complete the corresp Business - Business's Name: Representative's Name: Address: Individual - Name: Address: (17) ORGANIZATION'S LEGAL I	AL PREPARER: Required if the S ws, or audits financial information, onding section. City: City: NFORMATION:	Solicitation Report on page , if any, or Person or Bu Title: State: State:	Zip:Zip:	
(16) ORGANIZATION'S FINANCE Person or Business that prepares, revie the Solicitation Report Check one and complete the corresp Business - Business's Name: Representative's Name: Address: Individual - Name: Address: (17) ORGANIZATION'S LEGAL I Has the charitable organization or a	AL PREPARER: Required if the S ws, or audits financial information, onding section. City: City: NFORMATION: ny individual in its registration b	Title: State: State: State:	Zip: Zip:	
(16) ORGANIZATION'S FINANCE Person or Business that prepares, revie the Solicitation Report Check one and complete the corresp Business - Business's Name: Representative's Name: Address: Individual - Name: Address: (17) ORGANIZATION'S LEGAL I Has the charitable organization or a judgment or final order was entered	AL PREPARER: Required if the S ws, or audits financial information, onding section. City: City: NFORMATION: ny individual in its registration b	Title: State: State: State:	Zip: Zip:	
(16) ORGANIZATION'S FINANCE Person or Business that prepares, reviet the Solicitation Report Check one and complete the corresp Business - Business's Name: Representative's Name: Address: Individual - Name: Address: (17) ORGANIZATION'S LEGAL I Has the charitable organization or a judgment or final order was entered (Check one) □ Yes □ No	AL PREPARER: Required if the S ws, or audits financial information, onding section. City: City: NFORMATION: ny individual in its registration b within the last 10 years, or action	Title: State: State: State: State: State: State: State: State:	Zip: Zip:	
(16) ORGANIZATION'S FINANCE Person or Business that prepares, reviethe Solicitation Report Check one and complete the corresp Business - Business's Name: Representative's Name: Address: Individual - Name:	AL PREPARER: Required if the S ws, or audits financial information, onding section. City: City: NFORMATION: ny individual in its registration b within the last 10 years, or action	Title: State:	Zip: Zip:	

a public agency or a private person or business.

(18) COMMERCIAL FUNDRAISE	ERS: <u>RCW 19.09.020 (5)</u>			
Do not report the following: Fundraisi 19.09.020 (4)(10)	ng Counsel/Consultant or Commerci	al Coventurer as defin	ed under RCW	
Does the Organization use one or me (Check one) □ Yes □ No	ore Commercial Fundraiser(s) to s	olicit contributions ir	ı WA?	
If Yes, complete the fields below for eadditional sheet labeled "18 - Commercial Fu	each contracted and sub-contracted coundraiser" include all information requested	ommercial fundraiser.	If necessary, attach an	
Name of Company:	Fundrais	Fundraiser Registration Number:		
Address:	City:	State:	Zip:	
Phone:				
(19) RETURN ADDRESS FOR TH If provided, the confirmation regarding Organization's mailing address.	\ 1	e address below, in ad	dition to the	
Attention:	Email:			
Address:				
City:				
(20) POSTAL MAIL OPT-IN: By cho	ecking the box the organization will not re	ceive email notifications		
☐ The organization wants to receive all ne	otifications to the organization by postal	mail		
(21) SIGNATURE By executing this document, the applic	cant certifies the following:			
• He/she is authorized to represent the	he above named organization.			
 The organization's governing body where applicable. 	y or committee has reviewed and acc	epted the financial info	ormation provided	
	is accurate and true to the best of the			
	ecretary of State to receive process (ne conditions set out in RCW 19.09.30		n-criminal cases	
	f its officers, directors, and principals ubject to a permanent injunction or a r 19.86 RCW) in the past 10 years.			
	Printed Name / Title	Da	te	
Signature of Applicant				
Contact phone number:				
Signature of Applicant Contact phone number: Must be signed by the Prese	ident, Treasurer, or comparable officer of th	ne Organization RCW 19.0	9.075(4)	